

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/05/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>29G020</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/24/2009</b>	
NAME OF PROVIDER OR SUPPLIER  <b>DANVILLE SERVICES OF NEVADA, LLC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>115 E SHELBOURNE AVE LAS VEGAS, NV 89123</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 000	INITIAL COMMENTS  This Statement of Deficiencies was generated as a result of the annual Medicaid recertification survey conducted at your facility from 4/21 through 4/24/09.  The census at the time of the survey was six. Three client records were reviewed. Two schools and one day program were visited.  The facility was in compliance with all Conditions of Participation.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  The following regulatory deficiencies were identified:			W 000			
W 196	483.440(a)(1) ACTIVE TREATMENT  Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward: (i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and (ii) The prevention or deceleration of regression or loss of current optimal functional status.  This STANDARD is not met as evidenced by:			W 196	SEE ATTACHED P.O.C.		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Mark Enay*

TITLE

ADMINISTRATOR

(X6) DATE

5.15.09

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

W196

The facility has reviewed the deficiency and has determined that each individual must receive a continuous active treatment program.

Following each annual ISP and any adjustments in programs, the QMRP will train all staff in the implementation of the programs. All staff members will sign off on a signature page that they understand the implementation of the programs. The Program Coordinator will train all new staff to the home on the implementation of the ISP programs. The Program Coordinator will monitor the staff in the implementation of the ISP programs. The QMRP will make routine visits to the home to monitor ISP program implementation and to answer questions from the staff. Regular staff meetings will take place to review plans or discuss programs for individuals. The signature page for the staff to sign that they understand the programs will be placed with the ISP in the individual files.

The QMRP will be responsible to ensure that each individual has a continuous active treatment program and that all staff are trained in the implementation of the programs.

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W 196	Continued From page 1 Based on observation, interview and record review, the facility failed to ensure a complete active treatment program, consistently implemented toward the acquisition of the behaviors necessary for the client to function with as much self determination and independence, was carried out for 1 of 6 clients (#2).  Findings include:  Client #2  Client #2 was a 21 year-old male admitted to the facility on 7/7/06, with diagnoses including profound mental retardation, cerebral palsy and spastic paralysis.  On 4/21/09 during dinner, Employee #1 was feeding Client #2. When Employee #1 gave the client a drink, Employee #1 placed one hand on the client's forehead and firmly pushed back to bring the client's head up into better alignment.  Client #2's Individual Support Plan (ISP) called for the person assisting with meals to, "...provide a brief tactile cue by touching the client's forehead and giving a gentle push back, along with the verbal cue to 'hold your head up'."	W 196			
W 251	483.440(d)(3) PROGRAM IMPLEMENTATION  Except for those facets of the individual program plan that must be implemented only by licensed personnel, each client's individual program plan must be implemented by all staff who work with the client, including professional, paraprofessional	W 251	SEE ATTACHED P.O.C.		

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W251

The facility has reviewed the deficiency and has determined that all staff must be trained in the implementation of each individual's program plan.

Following each annual ISP and any adjustments in programs, the QMRP will train all staff in the implementation of the programs. All staff members will sign off on a signature page that they understand the implementation of the programs. The Program Coordinator will train all new staff to the home on the implementation of the ISP programs. The Program Coordinator will monitor the staff in the implementation of the ISP programs. The QMRP will make routine visits to the home to monitor ISP program implementation and to answer questions from the staff. Regular staff meetings will take place to review plans or discuss programs for individuals. The signature page for the staff to sign that they understand the programs will be placed with the ISP in the individual files.

The QMRP will be responsible to ensure that each individual has a continuous active treatment program and that all staff are trained in the implementation of the programs.

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W 251	Continued From page 2 and nonprofessional staff.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure all staff were trained on the individual support plan (ISP) for 1 of 6 clients (#2).  Findings include:  Client #2  Client #2 was a 21 year-old male admitted to the facility on 7/7/06, with diagnoses including profound mental retardation, cerebral palsy and spastic paralysis.  The clinical record for Client #2 contained an ISP dated 8/11/08. The ISP was signed by two employees. According to the personnel records, a total of 11 employees work at the facility with this client.  On 4/23/09, Employee #2 indicated that all employees involved with Client #2 should have reviewed the information in the ISP and signed and dated the document.	W 251			
W 254	483.440(e)(2) PROGRAM DOCUMENTATION  The facility must document significant events that contribute to an overall understanding of the client's ongoing level and quality of functioning.  This STANDARD is not met as evidenced by: Based on observation, interview and record	W 254	SEE ATTACHED P.O.C.		

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W254

The facility has reviewed the deficiency and has determined that all documentation of significant events must take place. This documentation will allow the facility to understand the current functioning of the individual.

Following each annual ISP and any adjustments in programs, the QMRP will train all staff in the implementation and documentation of the programs. All staff members will sign off on a signature page that they understand the implementation and documentation of the programs. The Program Coordinator will train all new staff to the home on the implementation of the ISP programs. The Program Coordinator will monitor the staff in the implementation of the ISP programs. The QMRP will make routine visits to the home to monitor ISP program implementation and to answer questions from the staff. The QMRP will review the data sheets for appropriate documentation. Regular staff meetings will take place to review plans or discuss programs for individuals. The signature page for the staff to sign that they understand the programs/documentation will be placed with the ISP in the individual files.

The QMRP will be responsible to ensure that each individual has a continuous active treatment program and that all staff are trained in the implementation of the programs.

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W 254	Continued From page 3 review, the facility failed to document significant events, as indicated in the ISP, for 2 of 6 clients (#1, #4).  Findings include:  On 4/21/09 from 2:00 PM until approximately 2:45 PM, Client #4 exhibited several behaviors, including screaming, slamming an object onto the kitchen counter and self injurious behavior (sat in a chair which was positioned with the back against the wall and banged back of head hard on the wall three times).  On 4/23/09 at 5:35 AM, Client #4 screamed "Shoe" several times.  On 4/23/09 at 6:30 AM, Client #1 stood at the kitchen counter and using his left foot, stomped on his right toes several times. Shortly after this, the client slapped himself on the head six times.  On 4/23/09 in the afternoon, there were no entries in the areas marked 4/21/09 through 4/23/09, of the behaviors witnessed on 4/21 and 4/23 for either client.  On 4/23/09 in the afternoon, Employees #1 and #2 were interviewed about the lack of documentation on the April 2009 "Datasheet 5.1" in Clients #2 and #4 clinical records. Both Employees #1 and #2 indicated Clients #1 and #4 had each displayed behaviors that needed to be documented on the forms as soon as possible after the behaviors occurred.	W 254			
W 426	483.470(d)(3) CLIENT BATHROOMS  The facility must, in areas of the facility where clients who have not been trained to regulate	W 426	SEE ATTACHED P.O.C.		

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W426

The facility has reviewed the deficiency and has determined that all water temperatures in the home need to be at a temperature no higher than 110 degrees for the safety of the individuals.

Prior to the exit of the survey, the facility adjusted the water temperatures on the water heater and the temperatures were measured at below the 110 degree mark.

The facility completes a monthly safety checklist that is reviewed by the QMRP and Administrator. The water temperature is one item on the checklist to make sure that the water is at or below 110 degrees. The home has a thermometer to measure the water temperatures. The program coordinator will monitor the water temperature in the home on a regular basis.

The QMRP is responsible to ensure that the water temperatures in the home do not exceed 110 degrees.

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W 426	Continued From page 4 water temperature are exposed to hot water, ensure that the temperature of the water does not exceed 110 degrees Fahrenheit.  This STANDARD is not met as evidenced by: Based on measurement, the facility failed to ensure that the hot water was maintain at or below 110 degrees Fahrenheit.  Findings include:  At approximately 9:40 AM on April 22, 2009, the hot water temperatures were measured with the following findings (all Fahrenheit scale):  The dietary sink - 113 degrees; The two bedroom bathrooms and the hall bathroom - 116 degrees.	W 426			
W 436	483.470(g)(2) SPACE AND EQUIPMENT  The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.  This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure devices identified by the interdisciplinary team as being needed were used for 1 of 6 clients (#2).  Findings include:  Client #2	W 436	SEE ATTACHED P.O.C.		

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W436

The facility has reviewed the deficiency and has determined that each individual must have all necessary assistive devices as orders and recommended by the ISP team.

The facility has contacted the Occupational Therapist to review the order and make any other recommendations for the splints and eating device. At the time of the annual ISP, the professional therapist will complete an assessment and make recommendations for assistive devices and programming. The QMRP will train all staff in the implementation of any programming. The staff will sign off that they understand the program. The professional consultant will also be involved in training the staff in the program implementation. The QMRP will make routine visits to the home to monitor the implementation and progress. The QMRP will complete a monthly progress note to reflect progress on the programs.

The QMRP will be responsible to ensure that all assistive devices are being used and orders are followed.

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W 436	Continued From page 5  Client #2 was was a 21 year-old male admitted to the facility on 7/7/06, with diagnoses including profound mental retardation, cerebral palsy and spastic paralysis.  On 4/21/09 during dinner, Client #2 was not wearing the left and right perforated neoprene wrist splints (to place wrists in a functional hand position for feeding). When Employee #1 put the assistive eating device (to hold the spoon) on the client's left hand, the client was resistive to the employee's attempts to provide "hand over hand" support.  While attempting to have Client #2 participate in feeding himself dinner, Employee #1 explained that they had been, "...without the assistive device for awhile and the client was going to have to become comfortable with it again."  On 4/23/09 at breakfast time, Employee #1 was feeding Client #2. Client #2 was not wearing the wrist splints. Employee #1 did not have the client use the assistive eating device and provide hand over hand support. Employee #1 fed the client his entire breakfast.  On 4/24/09 in the late morning, Employee #1 and Employee #2 indicated they did not put the neoprene wrist splints on Client #2 because, "...they get dirty and we're not supposed to wash them."	W 436			
W 455	483.470(l)(1) INFECTION CONTROL  There must be an active program for the prevention, control, and investigation of infection and communicable diseases.	W 455	SEE ATTACHED P.O.C.		

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W455

The facility has reviewed the deficiency and has determined that each employee must have an annual TB skin test for infection control.

The facility tracks all employee requirements in the HR tracking system. The nursing coordinator has received a print out of all staff in the program and their needs regarding TB testing. All employees will receive their TB shots from the nursing staff. The nursing coordinator will document the tests and results and provide the information to the HR director. The test will be documented in the system as well as the employee health file. All new employees and employees that have not had a TB test for over 12 months will receive a two-step TB test. Any employee that test positive or has a history of positive tests will receive a chest X-ray.

The nursing coordinator will be responsible to ensure that all staff have updated TB tests.

Date of Completion: 6.30.2009

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W 455	<p>Continued From page 6</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure annual Tuberculosis (TB) skin testing was conducted for 3 of 6 employees (#1, #2, #6).</p> <p>Findings include:</p> <p>Employee #1</p> <p>Employee #1 was hired as direct support staff on 4/19/01, and promoted to program coordinator on 2/8/08.</p> <p>Employee #1's file lacked documented evidence of current TB skin testing.</p> <p>Employee #2</p> <p>Employee #2 was hired as the qualified mental retardation professional on 5/4/06.</p> <p>Employee #2's file lacked documented evidence of current TB skin testing.</p> <p>Employee #6</p> <p>Employee #6 was hired as direct support staff on 2/8/01.</p> <p>Employee #6's file lacked documented evidence of TB skin testing for the past year.</p>	W 455			

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W196

The facility has reviewed the deficiency and has determined that each individual must receive a continuous active treatment program.

Following each annual ISP and any adjustments in programs, the QMRP will train all staff in the implementation of the programs. All staff members will sign off on a signature page that they understand the implementation of the programs. The Program Coordinator will train all new staff to the home on the implementation of the ISP programs. The Program Coordinator will monitor the staff in the implementation of the ISP programs. The QMRP will make routine visits to the home to monitor ISP program implementation and to answer questions from the staff. Regular staff meetings will take place to review plans or discuss programs for individuals. The signature page for the staff to sign that they understand the programs will be placed with the ISP in the individual files.

The QMRP will be responsible to ensure that each individual has a continuous active treatment program and that all staff is trained in the implementation of the programs.

Date of Completion: 6.20.2009.

**Addendum: Provided is the staff signature page of the training on the ISP responsibilities for Resident #2, that is signed by all the staff.**

**The QMRP is responsible to ensure that all staff are trained in the ISP responsibilities.**

**Date of Completion: 7.6.2009**

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W251

The facility has reviewed the deficiency and has determined that all staff must be trained in the implementation of each individual's program plan.

Following each annual ISP and any adjustments in programs, the QMRP will train all staff in the implementation of the programs. All staff members will sign off on a signature page that they understand the implementation of the programs. The Program Coordinator will train all new staff to the home on the implementation of the ISP programs. The Program Coordinator will monitor the staff in the implementation of the ISP programs. The QMRP will make routine visits to the home to monitor ISP program implementation and to answer questions from the staff. Regular staff meetings will take place to review plans or discuss programs for individuals. The signature page for the staff to sign that they understand the programs will be placed with the ISP in the individual files.

The QMRP will be responsible to ensure that each individual has a continuous active treatment program and that all staff are trained in the implementation of the programs.

Date of Completion: 6.20.2009.

**Addendum: Provided is the staff signature page of the training on the ISP responsibilities for Resident #2, that is signed by all the staff.**

**The QMRP is responsible to ensure that all staff are trained in the ISP responsibilities.**

**Date of Completion: 7.6.2009**

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W254

The facility has reviewed the deficiency and has determined that all documentation of significant events must take place. This documentation will allow the facility to understand the current functioning of the individual.

Following each annual ISP and any adjustments in programs, the QMRP will train all staff in the implementation and documentation of the programs. All staff members will sign off on a signature page that they understand the implementation and documentation of the programs. The Program Coordinator will train all new staff to the home on the implementation of the ISP programs. The Program Coordinator will monitor the staff in the implementation of the ISP programs. The QMRP will make routine visits to the home to monitor ISP program implementation and to answer questions from the staff. The QMRP will review the data sheets for appropriate documentation. Regular staff meetings will take place to review plans or discuss programs for individuals. The signature page for the staff to sign that they understand the programs/documentation will be placed with the ISP in the individual files.

The QMRP will be responsible to ensure that each individual has a continuous active treatment program and that all staff is trained in the implementation of the programs.

Date of Completion: 6.20.2009.

**Addendum: The staff document any incidents on either data sheets, incident reports or behavior tracking logs. The QMRP completes a monthly progress note and reviews all data and each incident report. Any issues that require team review will have a special ISP team meeting and supports or changes will be documented.**

**The QMRP is responsible to ensure all significant events are tracked and discussed either annually or as needed by the ISP team.**

**Date of Completion: 7.6.2009**

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W436

The facility has reviewed the deficiency and has determined that each individual must have all necessary assistive devices as orders and recommended by the ISP team.

The facility has contacted the Occupational Therapist to review the order and make any other recommendations for the splints and eating device. At the time of the annual ISP, the professional therapist will complete an assessment and make recommendations for assistive devices and programming. The QMRP will train all staff in the implementation of any programming. The staff will sign off that they understand the program. The professional consultant will also be involved in training the staff in the program implementation. The QMRP will make routine visits to the home to monitor the implementation and progress. The QMRP will complete a monthly progress note to reflect progress on the programs.

The QMRP will be responsible to ensure that all assistive devices are being used and orders are followed.

Date of Completion: 6.20.2009

**Addendum: The facility has reviewed all training programs with the staff for Resident #2. The signature page has been attached that reviewed all programs for the individual and staff understanding of their responsibilities. Following each ISP and any time a change in programming is made, the QMRP will ensure that all staff are trained and sign off that they understand their responsibilities in running the ISP program.**

**The QMRP is responsible to ensure that all staff are trained in each individual ISP plan.**

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